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22242 7590 04/19/2005

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James P. Krueger (Depositor's name)
[Signature] (Signature)
7/18/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/028,336	12/22/2001	Emery W. Dilling	71738/5841	2801

TITLE OF INVENTION: PROSTHETIC AORTIC VALVE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	07/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BARRETT, THOMAS C	3738	623-002380

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
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☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature [Signature]Date 7/18/05Typed or printed name James P. KruegerRegistration No. 35,234

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